

FIG. 1
PRIOR ART

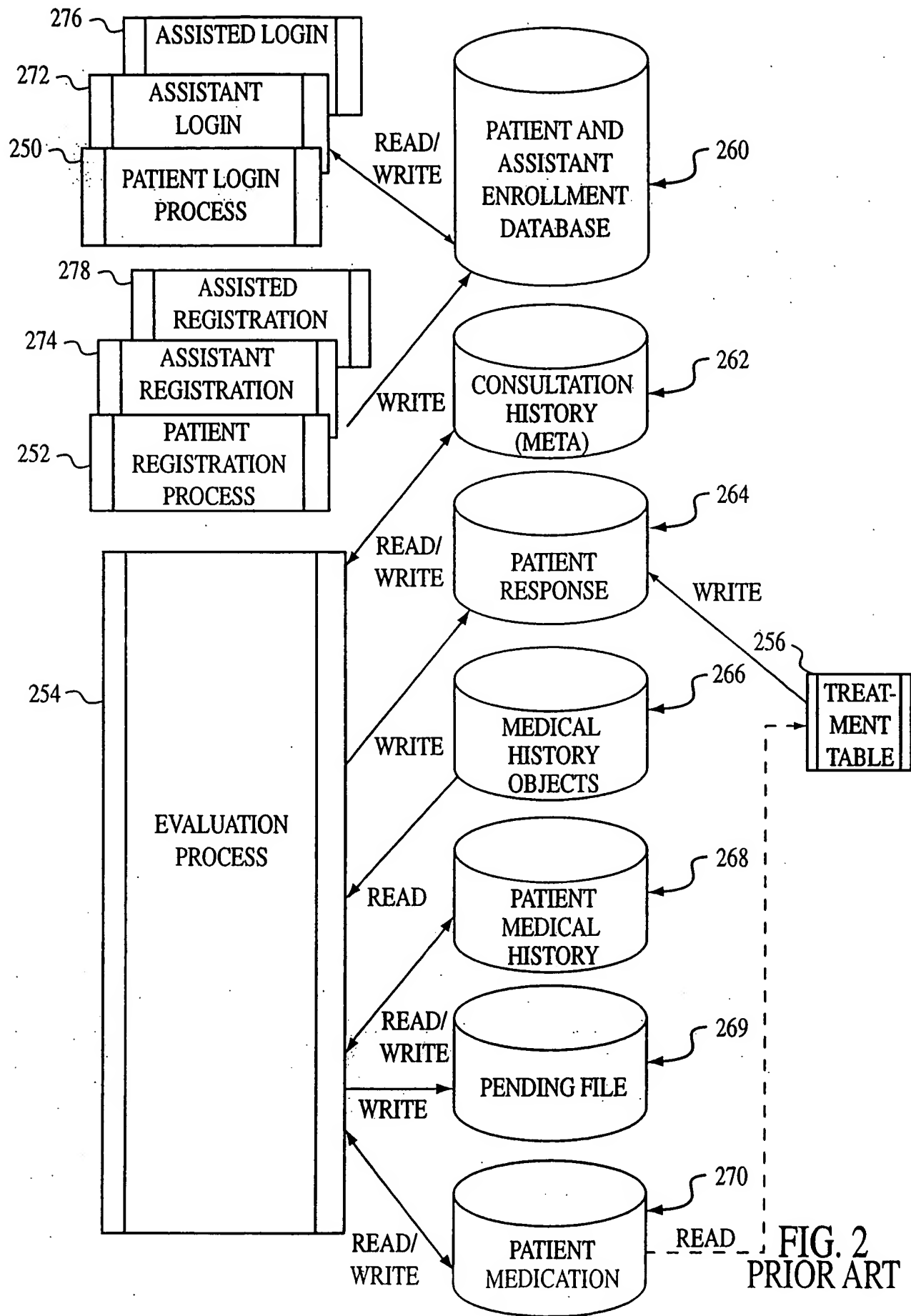


FIG. 2
PRIOR ART

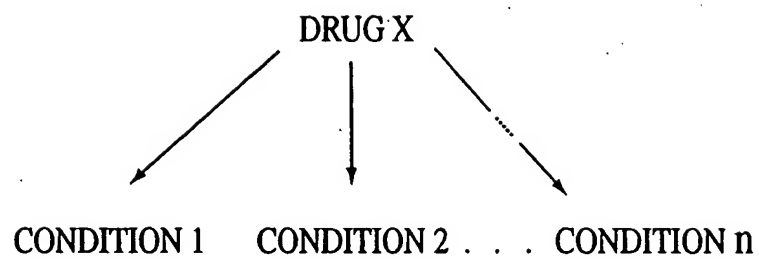


FIG. 3A
PRIOR ART

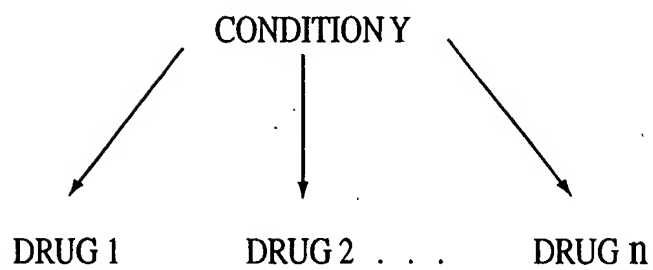
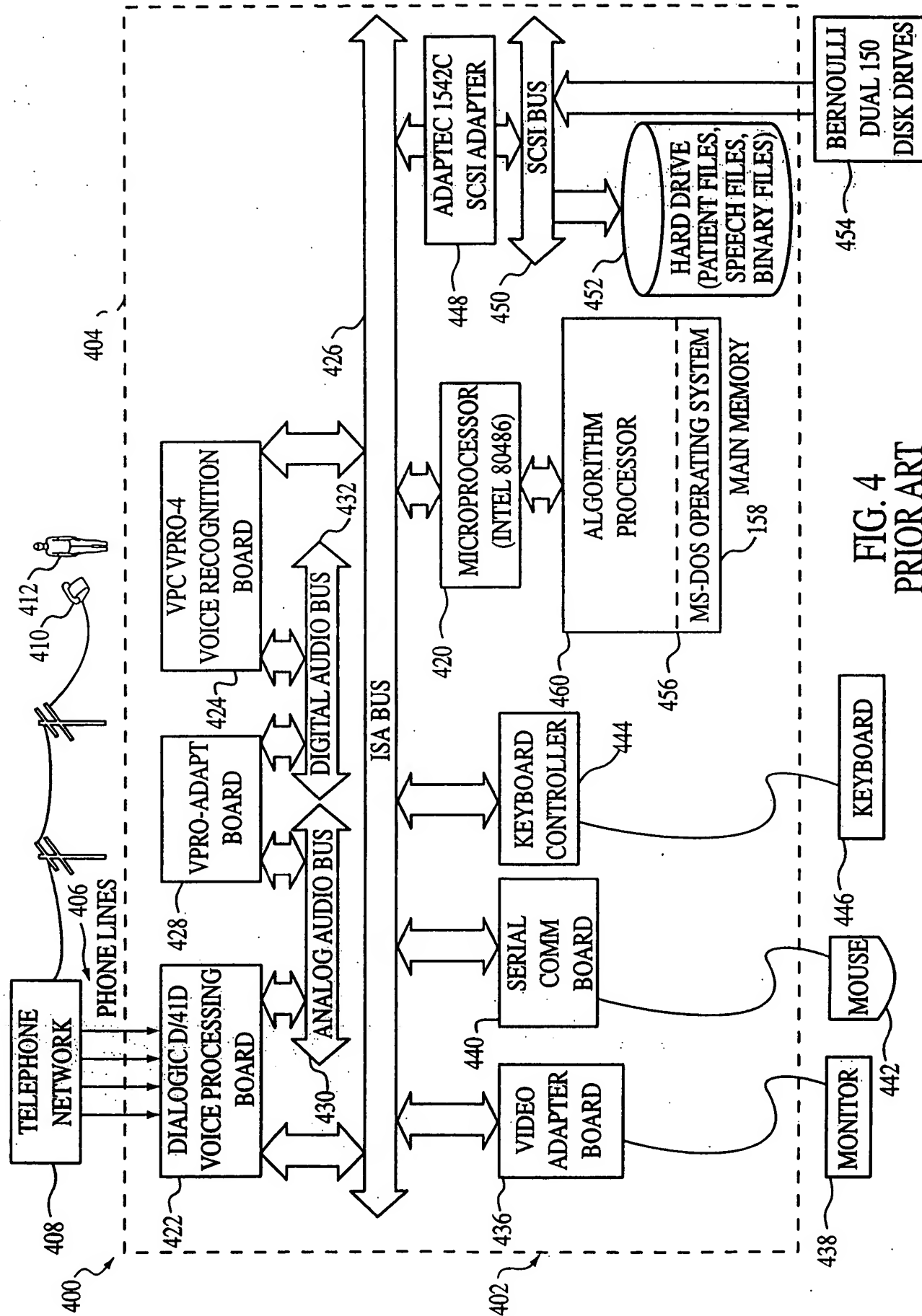


FIG. 3B
PRIOR ART



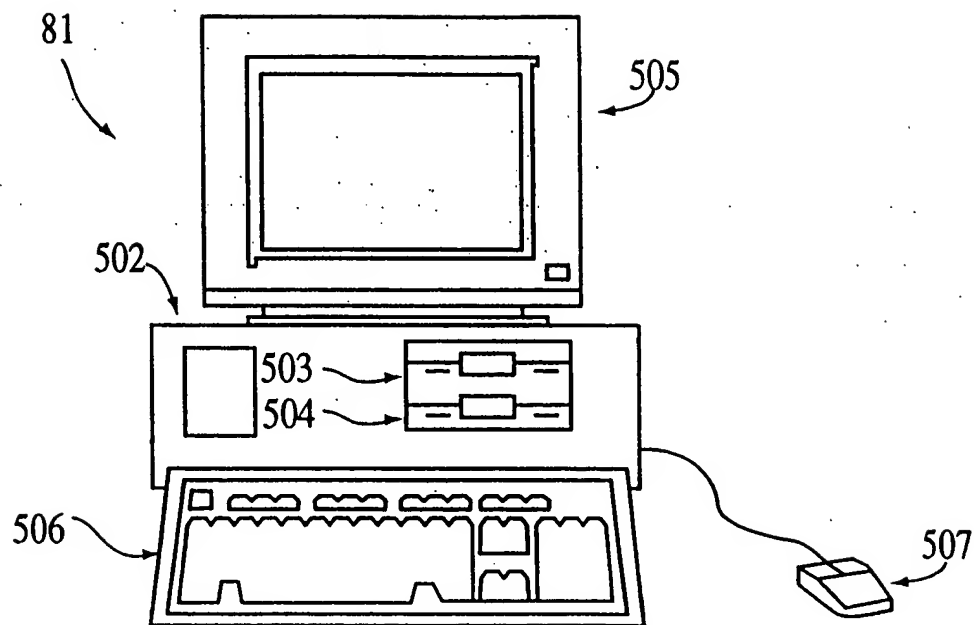


FIG. 5

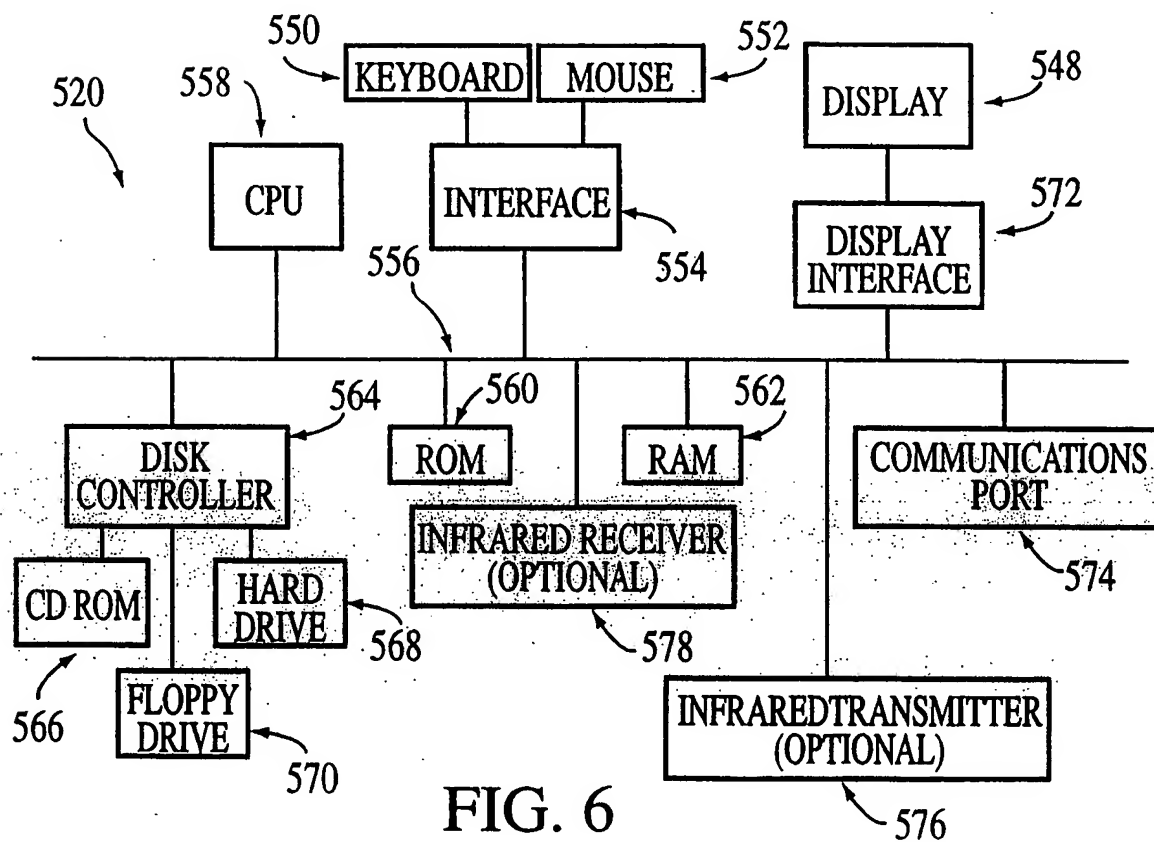


FIG. 6

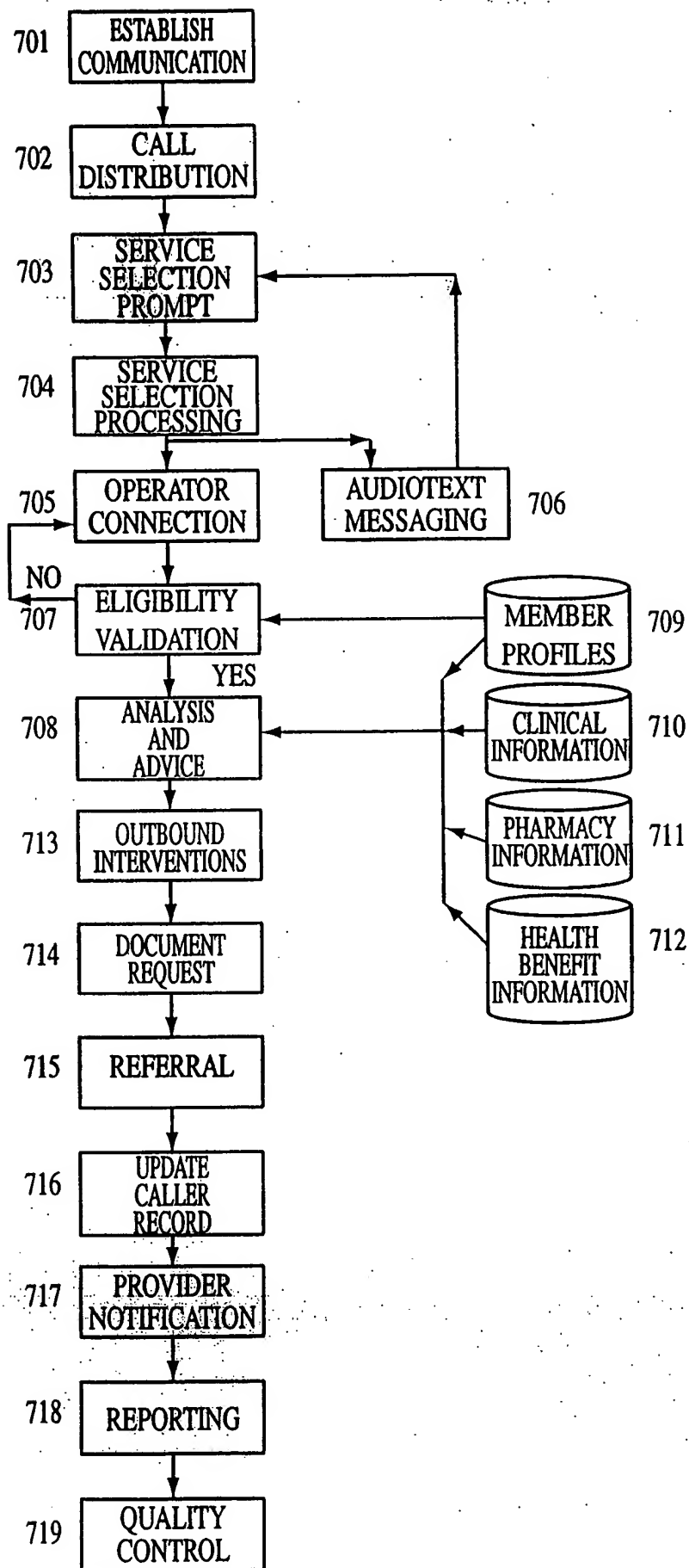


FIG. 7

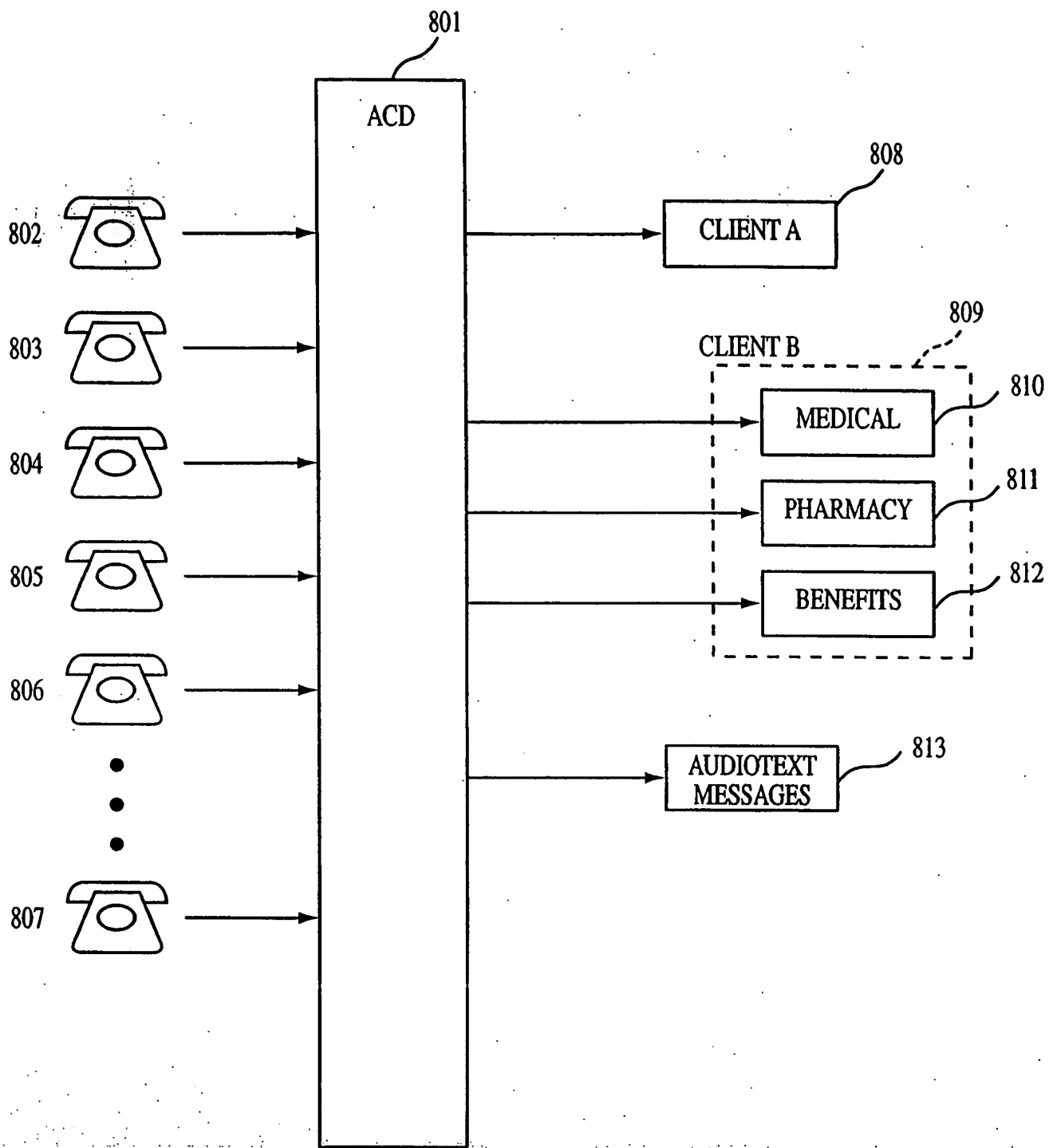


FIG. 8

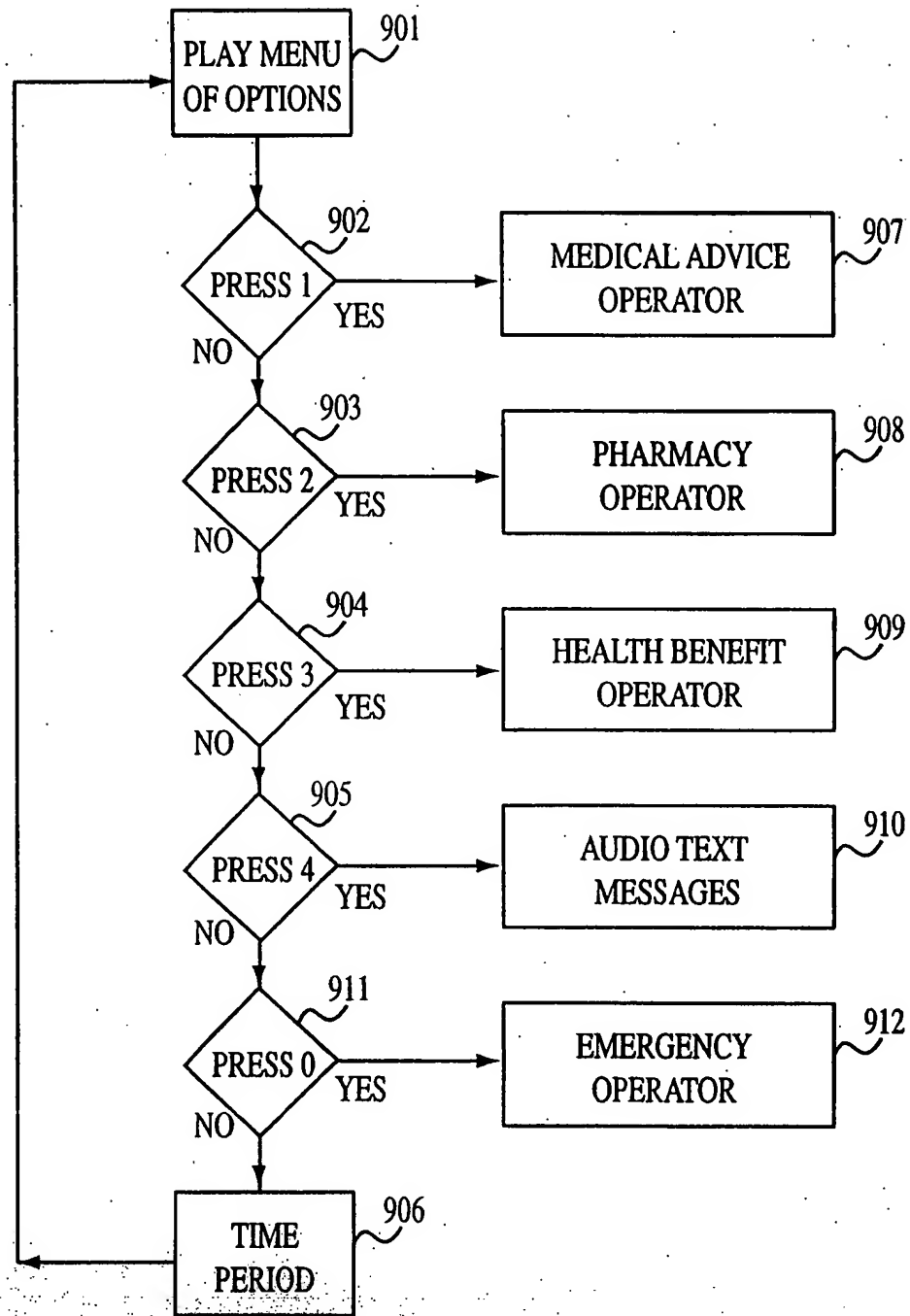


FIG. 9

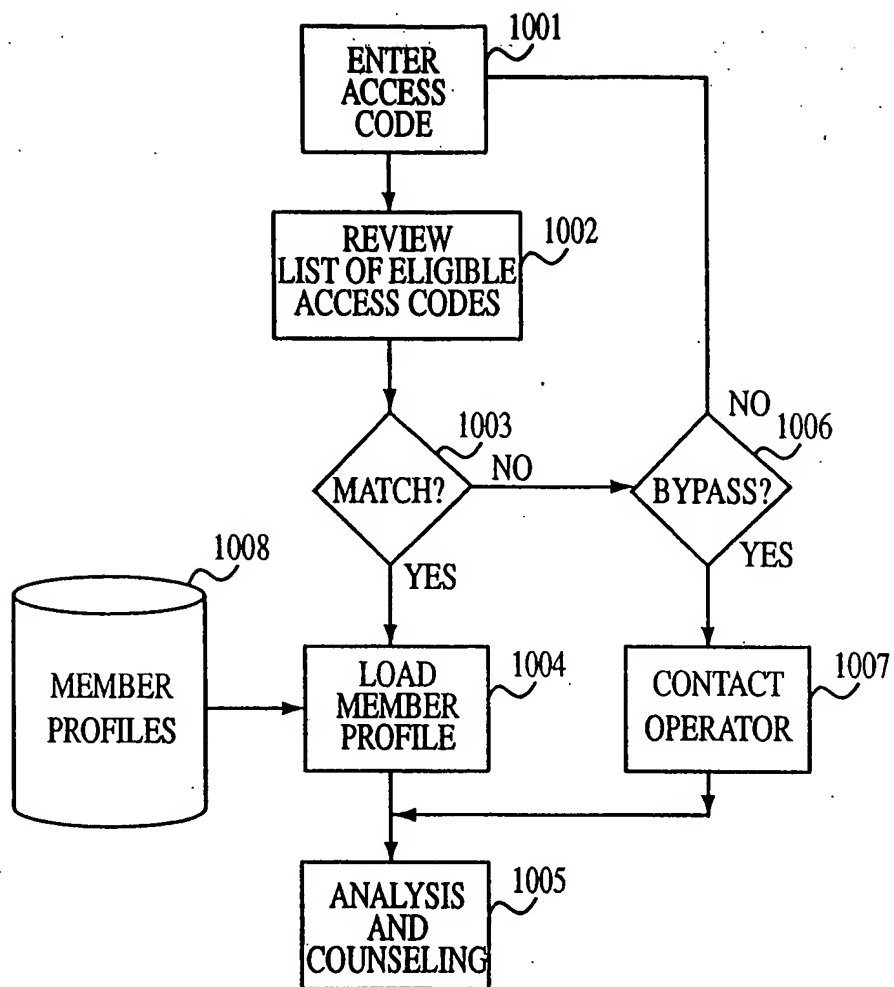


FIG. 10

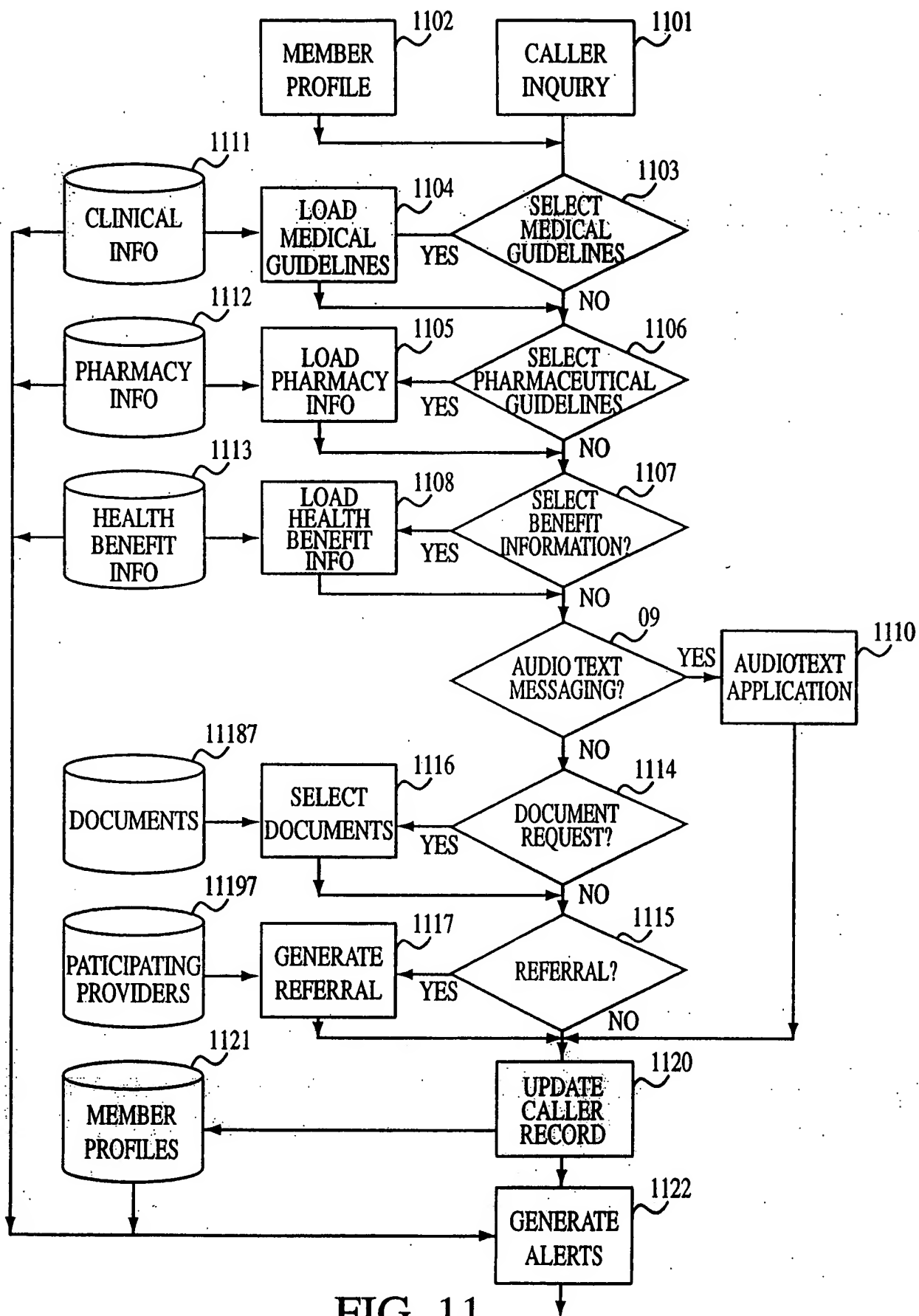


FIG. 11

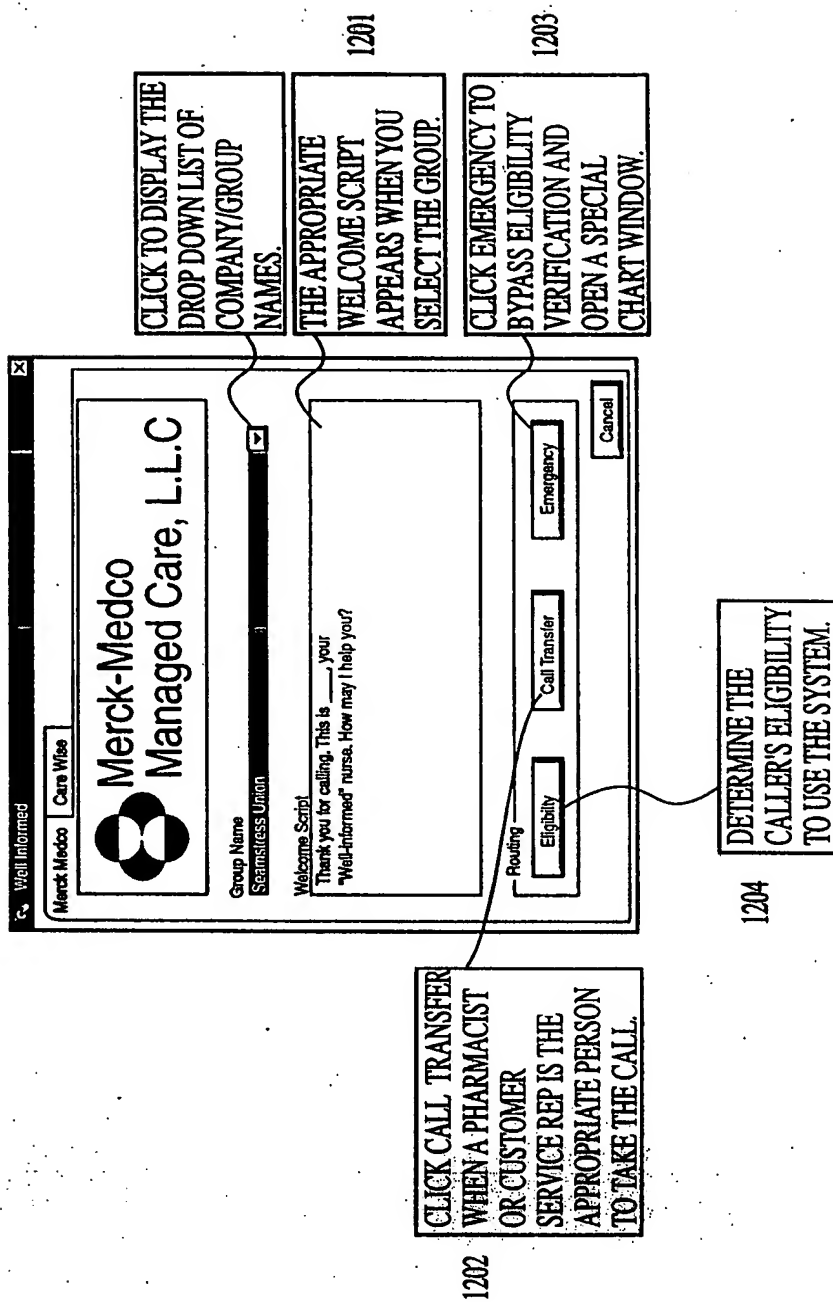


FIG. 12

Call Transfer (SEAMSTRESSES UNION)

Select Transfer Type:

Transfer Details

Speed Dial

Phone Number

Transfer to Administration
Transfer to Customer Service
Transfer to Pharmacist

Cancel

FIG. 13

Well Informed

Services: Screen 1st Tocher Window Help

Open List Demographic Transfer Internal Exit Company

CHARLEMERGENCY EMERGENCY (Ang: 01) Age 01

Concern History New Concern

CHARLEMERGENCY (TEST, 19/22/1997 13:30)

summary

Diagnostic System: ER-EMERGENCY

Guideline Approach: STAMPTOM

BURNS	CHEST	CHOKING
FROSTBITE	HEMORRHAGE	HYPOTHERMIA
SOB/DIFF. BREATHING		

CALLER: EMERGENCY EMERGENCY (UNION) CUSTOMER: EMERGENCY EMERGENCY (UNION)

Entering Decision:

Guideline Disposition:

Customer Decision:

Entry ☒ Call Notes ☒ Auto Log

Presenting Concerns:

Symptoms Began: ☐ Min. ☐ Hr. ☐ Day ☐ Wk. ☐ Mth. ☐ Yr.

Selfcare Treat:

History:

Selected:

Reference:

Close

Ready

CALLER AND
CUSTOMER ARE
PRESET TO
"EMERGENCY."

PROFILE AND Rx
HISTORY ARE NOT
AVAILABLE.

EMERGENCY
KEYWORDS AND
GUIDELINES ARE
PRESET.

FIG. 14

GUIDELINE NAME
(NOTE THE CONDITION
GUIDELINE
INDICATOR)

1601

EACH GUIDELINE
QUESTION HAS ITS
OWN ANSWER
OPTIONS (YES/NO)
AND GUIDELINE
DISPOSITION.

1602

SELECT THIS CHECK
BOX TO CONFIRM
CALLER UNDER-
STANDING.

1603

1604

Guideline

Condition Dermatitis

Condition Category

Condition Description

Question	Question	Question
1. Any redness/ red streak/ warmth/ tender swelling/ pus/ fever 101 or higher/ chills/ lymph nodes	<input type="radio"/> Yes <input type="radio"/> No	Call Doctor Now
2. Symptoms worsen/ do not improve after one week of self care	<input type="radio"/> Yes <input type="radio"/> No	Call Doctor Today
3. Itching is severe and is not relieved by self care	<input type="radio"/> Yes <input type="radio"/> No	Call Doctor Today
4. Generalized eruptions/ eyelids, face, or genitals are involved	<input type="radio"/> Yes <input type="radio"/> No	Call Doctor Today
5. Dermatitis interferes with ability to carry out professional or personal responsibilities/ is causing increased emotional stress	<input type="radio"/> Yes <input type="radio"/> No	Discuss w/ Doctor
6. ALL TRIAGE answers are "NO"	<input type="radio"/> Yes <input type="radio"/> No	Self Care

Applicable Selfcare

Rationale

☐ Caller understands the information/instructions given

Guideline Unit

Autolog

Script

Close

A YES ANSWER
SELECTS A GUIDE-
LINE DISPOSITION.

CLICK TO RECORD
HIGHLIGHTED TEXT
(RATIONALE, ETC.).

CLICK TO CLOSE THE
WINDOW AND SAVE
THE GUIDELINE
DISPOSITION IN THE
CHART.

CLICK TO SELECT AND
OPEN ANOTHER
GUIDELINE.

FIG. 16

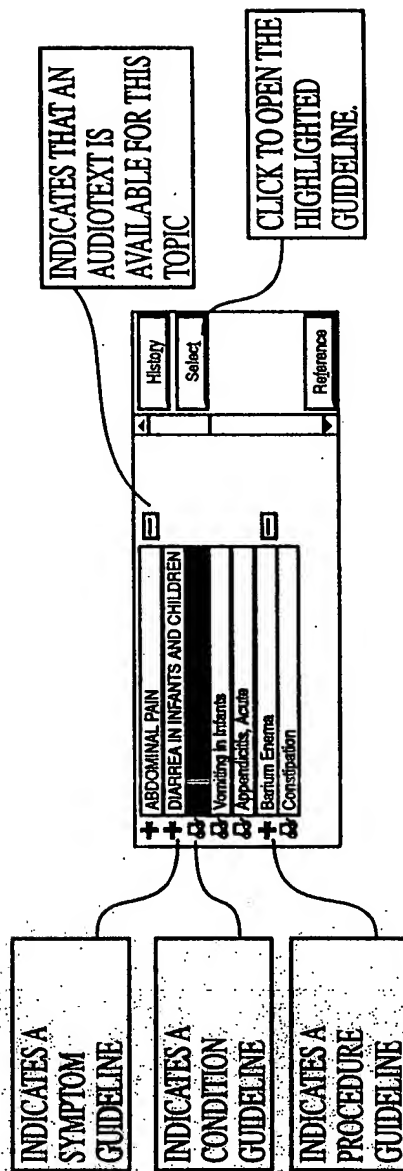


FIG. 17A

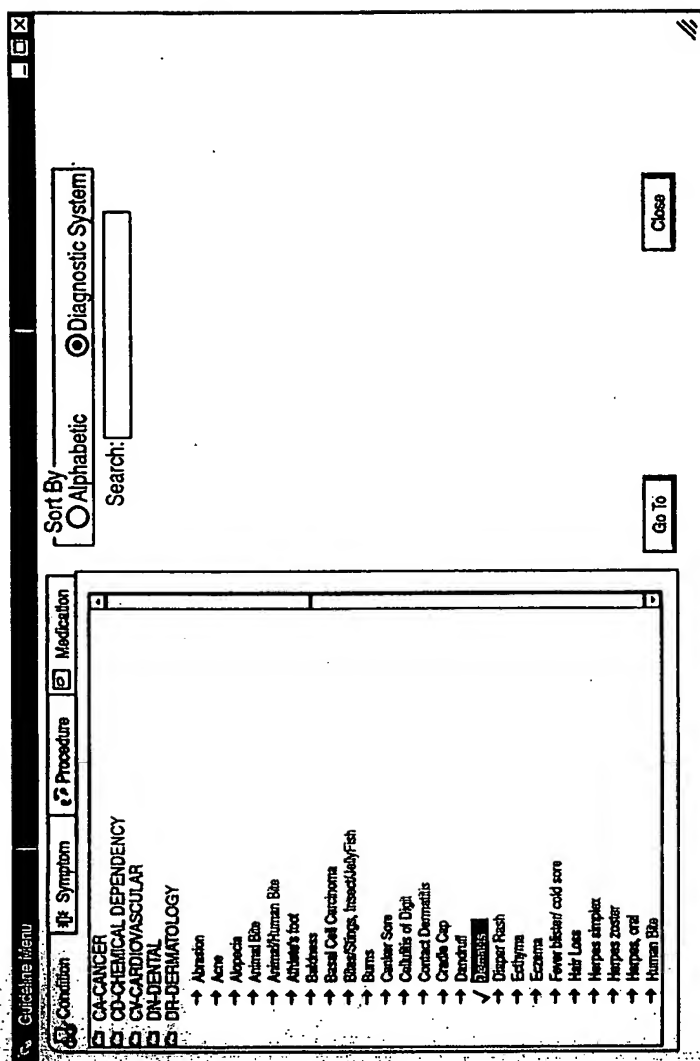


FIG. 17B

Caveats		<input type="button" value="OK"/>	<input type="button" value="Cancel"/>
Disclaimer			
If your symptoms change or you become uncomfortable, contacting your doctor is always an option		<input type="radio"/> Discussed <input checked="" type="radio"/> Not Appropriate	

FIG. 18

Well Informed									
Services Screen List Toolbar Window Help									
Chart YVONNE GIBSON (MEMBER age: 37 years), KEISHA B GIBSON (CHILD, Age: 17 years)									
Concern History		New Concern		Pre History		Profile		HEDIS	
								Assessment	
DR-DERMATOLOGY (PWITT, 2/27/1998 1:26 PM)									
SUMMARY		Diagnostic System DR-DERMATOLOGY							
CALLERS:		Guideline Approach: SYSTEM							
YVONNE GIBSON (MEMBER, Age:)		KEISHA GIBSON (CHILD, Age: 17 y)							
Entraining Decision:		Triage Level of Care: PCP							
Guideline Dispositions:		Confirmed Customer Decision:							
Entry		<input checked="" type="checkbox"/> Call Notes							
Presenting Concerns: itching red skin on arms & legs		Symptoms Begun <input type="radio"/> Min. <input type="radio"/> Hr. <input type="radio"/> Day <input checked="" type="radio"/> Wk. <input type="radio"/> Mth. <input type="radio"/> Yr. Selfcare Tried:							
DR-DERMATOLOGY		PINK CHEEKS							
PEELING SKIN		PIMPLE		PUS		RING SHAPED			
PUBIS		PUNCTURE		REDNESS		SNAKE BITE			
RED/PINK RASH		SCALY		SUNBURN		SWEATING			
SPLINTER									
Coinfect Dermatitis		Eczema							
Athlete's Foot		Dandruff							
Lice/ Crabs		Paronychia							
Reference		Select							
History		Close							

FIG. 19

**SELECT THE CALLER
AND CUSTOMER
FROM THE DROP
DOWN LISTS.**

CLICK TO SWITCH TO
THE SUMMARY
CHART WINDOW.

**CLICK TO CHOOSE
FROM A LIST OF
ENTERING
DECISIONS.**

CLICK AND TYPE A BRIEF STATEMENT OF THE PROBLEM.

**INDICATE HOW
LONG AGO
SYMPTOMS
BEGAN (TIME UNIT
AND NUMBER).**

**CLICK AND TYPE
BRIEF LIST OF SELF-
CARE METHODS
ALREADY TRIED.**

Year	External References	Yvonne Gibson, Keisha B Gibson	2007
2001	<input checked="" type="checkbox"/> CareWise Guide Comments= additional self-care info	<input checked="" type="checkbox"/> Signs/Symptoms <input checked="" type="checkbox"/> General Information <input checked="" type="checkbox"/> Treatment Options <input type="checkbox"/> S/C Caveat <input type="checkbox"/> Triage Categories	<input type="checkbox"/> Indications/Dosage <input type="checkbox"/> Drug Interactions <input type="checkbox"/> Side Effects <input type="checkbox"/> Contraindications
2002	<input type="checkbox"/> CareWise Guide for Older Adults		
2003	<input type="checkbox"/> Control Comm. Diseases		
2004	<input type="checkbox"/> Mayo Family Health Bk		
2005	<input type="checkbox"/> Mosby's Dx and Lab Test Ref.		
2006	<input type="checkbox"/> Nursing 97 Drug Handbook		

Well Informed
Services Screen
File
Edit
View
Window
Help
Open
Print
Find
Transfer
Refer
Cancel
Company
Data
Case

Referral System
Caller: YVONNE GIBSON
Insurance Plan: SEAMSTERSEEP UNION

City: SEATTLE
State: WA
Zip Code:
Phone No.: () -
Language:
Name:
Gender:
Hours:

☐ In Network
☐ Out of Network

☐ Providers
☐ Search
☐ Selected
☐ History

Ref'd
Name
Phone
Fax
Gender
Age
Ans. Serv

Set Caller PCP
Set Customer PCP

Leila Ventata, MD
Leila Ventata, MD

Affiliations
PrintFax
Offices

Open Provider Referral Window

FIG. 21A

Paternal System

Caller: **YVONNE GIBSON** Insurance Plan: **SEAMSTRESSSES UNION**

City: **SEATTLE** State: **WA** Zip Code: **() -**

Phone No.: **() -** Language: **()** Name: **()**

Gender: ☐ Male ☐ Female ☐ In Network ☐ Out of Network

Hours: **()**

Ref'd Name Phone Fax Gender Age Ans Ser

☒ **WILLIAMSON, ALAN** (206) 555-3828

ROCHESTER PARK MEDICAL GRP

849 PAUL RD # 200

SEATTLE, WA 98104

☐ **VENKALA, LEILA** FAMILY PRACTICE

579 JEFFERSON AVE (206) 555-2043

SEATTLE, WA 98105

☒ **FREDERICK, MARCIA B** FAMILY PRACTICE

ROCHESTER PARK MEDICAL GRP (206) 555-4732

560 WHITE SPRUCE BLVD

SEATTLE, WA 98104

☐ **FAMILY PRACTICE**

Providers

☒ FAMILY PRACTICE

☒ GENERAL PRACTICE

☒ INTERNAL MEDICINE

☒ NEPHROLOGY

☒ NURSE MIDWIFE

☒ OBSTETRICS/GYNECOLOGY

☒ OPHTHALMOLOGY

☒ PEDIATRICS

☒ PULMONARY DISEASE

Set Caller PCP **Leila Venkala, MD**

Set Customer PCP **Leila Venkala, MD**

Search

History

OK Cancel

FIG. 21B

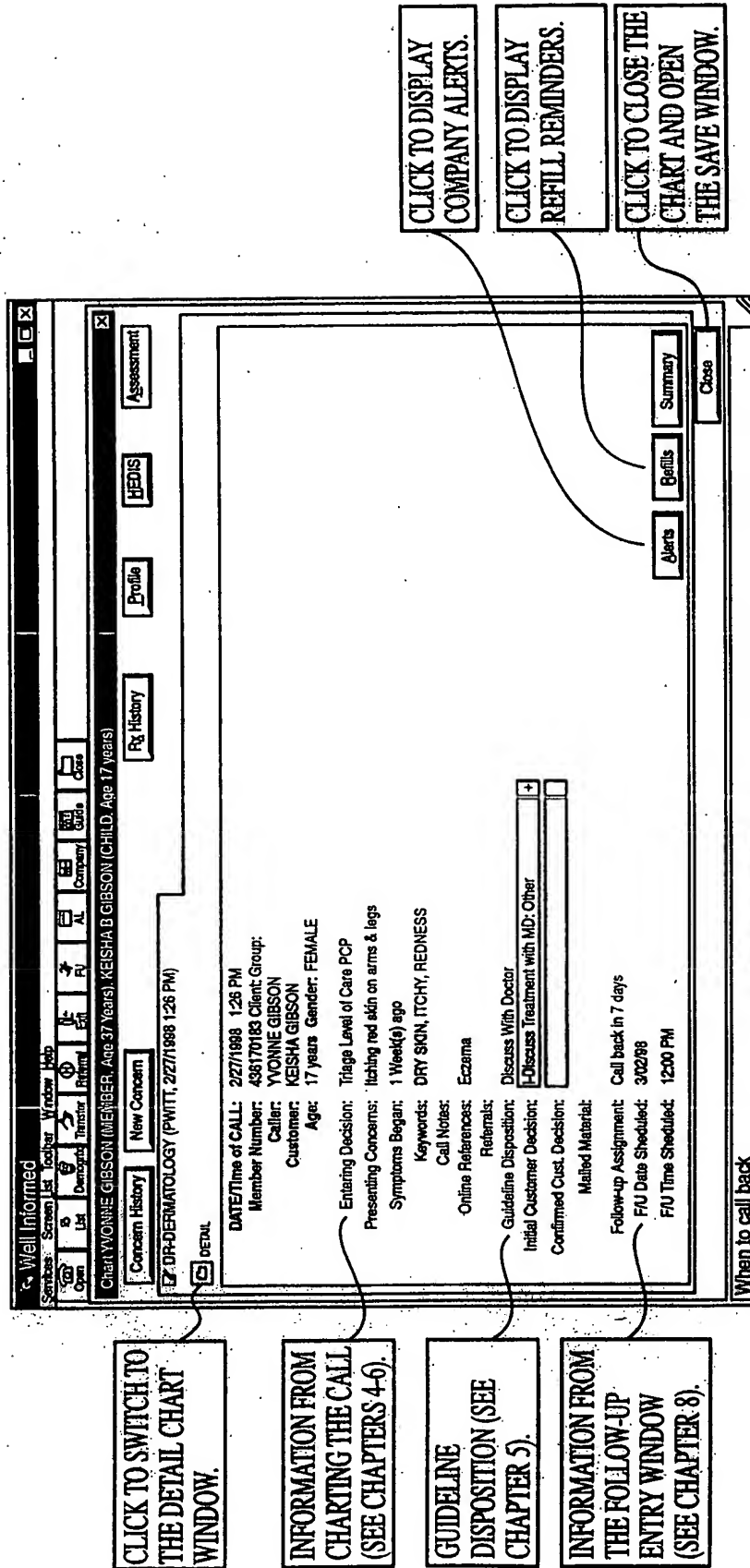


FIG. 22

THE TITLE BAR SHOWS THE CALLER AND CUSTOMER OF THE OPEN CHART.

ENTER INFORMATION ABOUT THE FOLLOW-UP ACTION ON THE APPROPRIATE TAB.

CLICK TO COPY PHONE OR ADDRESS SHOWN ON THE TAB TO THE DATABASE.

CLICK TO OPEN THE DEMOGRAPHICS WINDOW AND EDIT PHONE OR ADDRESS INFORMATION.

CALL BACK **RESEARCH** **SEND INFORMATION**

CALL BACK **FU Declined**

Date Due: 00/00/00 **Time:**

Time Zone:

Home Phone: () - () - () **Ext:** () - () - ()

Work Phone: () - () - ()

Follow-up Phone: () - () - ()

No Contact Reason:

☐ **Completed** **0000/0000**

☐ **OK To Leave A Message** **# Attempts:**

Assigned Nurse **Follow-up Type** **Completed**

Update Demographics **Edit Demographics**

Save **Cancel**

ADD **CLEAR**